

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Scott et al.

Attorney Docket No.: STFUP076/S00-131

Application No.: 09/904,600

Examiner: Lin, Jeoyuh

Filed: July 12, 2001

Group: 3737

Title: ELECTRODE PROBE COIL FOR MRI

11/C  
0129

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on October 16, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed:

  
Kristina Gomez

AMENDMENT C

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

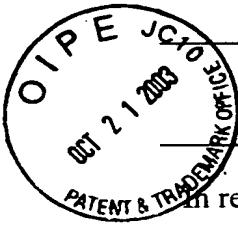
RECEIVED  
OCT 27 2003  
TECHNOLOGY CENTER R3700

Dear Sir:

In response to the Office Action dated August 12, 2003, please amend the above-identified patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begin on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.



3737

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Scott et al.

Attorney Docket No.: STFUP076/S00-131

Application No.: 09/904,600

Examiner: Lin, Jeoyuh

Filed: July 12, 2001

Group: 3737

Title: ELECTRODE PROBE COIL FOR MRI

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on October 16, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed:

Kristina Gove

**AMENDMENT C TRANSMITTAL**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED  
OCT 27 2003  
TECHNOLOGY CENTER R3700

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	17	MINUS	20	00	x 9 =	x 18 =
Independent Claims	02	MINUS	03	00	x 42 =	x 84 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$140.00	\$280.00
				Total	\$	\$

Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.

Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. STFUP076).

Respectfully submitted,  
BEYER WEAVER & THOMAS, LLP

Henry K. Woodward  
Reg. No. 22,672

P.O. Box 778  
Berkeley, CA 94704-0778